

FILED JUN 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 16167
492 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 492	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		0376	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1530 E. Florida				d. STREET ADDRESS (If rural, give location) 1530 E. Florida			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) MARION c. (Last) BURROW			4. DATE OF DEATH (Month) (Day) (Year) June 1 1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 30 1871	
9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Street Dept.		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Isaac R. Burrow		13b. MOTHER'S MAIDEN NAME Elizabeth Fisher		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-16-3700		17. INFORMANT'S SIGNATURE OR NAME Mrs. George Smith			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive, cardio-vascular - yrs renal disease DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH 1 wk. yrs. yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		442X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 29, 1948 , to May 31, 1951 , that I last saw the deceased alive on May 31, 1951 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Darnell E. Smith, M.D.				23b. ADDRESS 1630 N. Jefferson		23c. DATE SIGNED 2 June 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 3 1951		24c. NAME OF CEMETERY OR CREMATORY Wesley Chapel		24d. LOCATION (City, town, or county) (State) Near Willard Missouri	
DATE REC'D BY LOCAL REG. 6-5-51		REGISTRAR'S SIGNATURE W. E. Hawley MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co. Springfield			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0376
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JUN 27 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

.....
working under my personal supervision.

Student Embalmer No.

Signed

Max Rhodes

Signed.....
Student Embalmer

Licensed Embalmer No. *4074*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.